



ALL INDIA INSTITUTE OF MEDICAL SCIENCES

ANSARI NAGAR, NEW DELHI - 110 029

Web: www.aiims.edu

Notice

Attached reference received from **National Medical Commission** wherein they asked for details of willing eligible Professor/ Additional Professor/ Associate Professor for creating a panel of expert related to all broad specialties and super specialties to offer comments/opinion in the appeals made to EMRB against the decision of the state Medical Councils.

It is, therefore, all the willing regular faculty members (Professor/ Additional Professor & Associate Professor) having 06 or more year teaching experience are requested to read the attached reference of NMC and provide the requisite information in enclosed proforma in Faculty Cell, AIIMS, New Delhi within 15 days.

Sd/-

ASTT. ADMN. OFFICER (FACULTY CELL)



डॉ. योगेन्द्र मालिक
Dr. Yogender Malik

सदस्य Member

आचार और चिकित्सा पंजीकरण बोर्ड
Ethics & Medical Registration Board

No. NMC/EMRB/R-19022/01/2022/Ethics/ 000196-13

राष्ट्रीय आयुर्विज्ञान आयोग

भारत सरकार

National Medical Commission
Government of India

Date: 04.01.2023

The Director/Dean/Principal
All Medical Institutes of National Importance (INI)

Subject: Request for providing details of eligible Professors/Addl. Professor Associate Professor- reg.

The Ethics and Medical Registration Board of the National Medical Commission is in the process of creating a panel of experts related to all broad Specialities & Super Specialities to offer their opinion in the appeals made to EMRB against the decision of the State Medical Councils.

In this regard, it has been decided to seek details of eligible and willing teachers having 6 years or more of teaching experience on a regular post.

Experts are supposed to study the appeal related documents and offer their comments on the same within a prescribed time limit. A suitable fee as approved by NMC would also be given to them for providing opinion/comments in each case.

You are requested to provide the information in their respect in the prescribed proforma which is enclosed herewith. The information can also be sent at ethics@nmc.org.in. While providing the names it is to be ensured that the person should have integrity and uprightness and no vigilance case is pending or being contemplated against her/him. This may be widely circulated among all faculty members of the institute.

Yours faithfully,

Encl: As above

Your faithfully,

Yogender Malik
(Dr. Yogender Malik)
Member, EMRB
4.1.23

Pocket-14, Sector-8, Dwarka, Phase-1, New Delhi-110077

Tele: 011-25367033, Website: www.nmc.org.in, E-mail: dryogendermalik@gmail.com

Expert Appointment /Expression of Interest Proforma EMRB, NMC

Name of the College: _____

Note: It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee.

1. Name of Faculty: _____

2. Age & Date of birth: _____ (Years) _____ / _____ / _____

Attach a recent
passport size color
photograph with
signature and seal
of the Principal
Dean across it

3. Present Designation: _____

a. Area of Specialization: _____

b. Special Interest within specialization: _____

c. Email: _____

d. Phone no. : _____

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

a. Present: _____

b. Permanent: _____

5. Contact details:

a. Office telephone with STD code: _____

b. Residence telephone with STD code: _____

c. Mobile Phone Number: _____

d. Email address: _____

6. Educational Qualifications:

Degree	Year	Name of College & University	Registration number with date of registration	Name of State Medical council
MBBS				
MDIMS				
DM/MCh				
PhD				

a. MD/MS subject: _____

b. DM/MCh subject: _____

c. PhD subject: _____

Note: For Pre & Post PG qualifications, particulars of Registration of Additional Qualification certificate are to be furnished for them to be accepted. Strike out whichever section is not applicable.

7. Details of Teaching experience till date:

Designation*	Department	Institution	From	To	Total
Junior Resident			____/____/____	____/____/____	__ (y) __ (m)
Senior Resident			____/____/____	____/____/____	__ (y) __ (m)
Tutor			____/____/____	____/____/____	__ (y) __ (m)
Asst. Professor					__ (y) __ (m)
Assoc. Professor			____/____/____	____/____/____	__ (y) __ (m)
Professor			____/____/____	____/____/____	__ (y) __ (m)

* Write NA (Not Applicable) for the designations not held

8. PAN Card Number:

9. Aadhar card Number:

10. Number of Research articles in Indexed Journals:

a. International Journals: _____

b. National Journals: _____

c. State / Institutional Journals: _____

11. Details of other publications:

Number of Books published:

Number of Chapters in books:

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. I have personally verified all the certificates/documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.

Date:

Place

Signature (Head of Dept.)
with official seal

Signature (Head of Institute)
with official seal

राष्ट्रीय आयुर्विज्ञान आयोग
NATIONAL MEDICAL COMMISSION

आचार और चिकित्सा पंजीकरण बोर्ड
ETHICS & MEDICAL REGISTRATION BOARD

WILLINGNESS CUM CONFLICT OF INTEREST

I Dr. _____ hereby inform
that I am willing to be appointed as an expert in Appeal No. _____

_____ and offer my comments within the prescribed time limit.

2. I also declare that I don't know the doctor, the patient or any other party in this case and have no conflict of interest in offering my expert comments.

3. I acknowledge that the existence and the terms of this Willingness Cum conflict of Interest and any oral, written information or digitalized information exchanged from EMRB with reference to the preparation of opinion shall be regarded as confidential information.

4. I shall not disclose any confidential information to any third parties, disclosure of any confidential information by me and my staff members or agencies hired by me shall be deemed disclosure of such confidential information, which I shall be held liable for breach of this Willingness Cum conflict of Interest.

(Signature)

Date: _____

Name: _____

Place: _____

Designation: _____

Mobile No. _____

E-mail Id: _____